

CIVIL AIR PATROL
EMERGENCY SERVICES ALERT/RESOURCE REPORT

Wing:

Report desired A/O 15 Aug and quarterly as changes dictate.
Report Date: _____20__

Report Date: _____20____

Wing Address:

Person to contact and their telephone number /fax/E-mail for questions about information on this form:

ALERT ROSTER	
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[illegible]

Resource Data	
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Please write in the number of each resource currently available.

NO.	ITEM	COMMENTS
	Qualified Mission Coordinators	
	Qualified SAR Mission Pilots	(Training budget input)
	Qualified CD Mission Pilots	
	Qualified Observers	(Training budget input)
	Qualified Scanners	
	Qualified Ground Teams	
	Aircraft	
	HF Radio	
	Packet Radio	
	Airborne Repeaters	
	Generators	
	Communications Vehicle	
	Vans	
	4x4 Vehicles	
	Still Video	
	Slow Scan Video	
	Live Video	
	Digital Cameras	
yes/no	Radiological Monitoring Capbl.	
	(Other)	

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MS CAP ES Test Form 1 Mar 01